* DECLARATION AND POWER			ncy Docket No.	AED-001	-				
OF ATTORNEY FOR UTILITY			Named Inventor	Wilson					
OR DESIGN			COMPLETE IF KNOWN						
PATENT APPLICATION			ication Serial Number	Not yet assigned	t yet assigned				
□ Declaration □ D	eclaration	Filing	g Date	September 30, 20	03 .				
Submitted with Sub	mitted after Initi	ial Grou	p Art Unit	Not yet assigned					
Initial Filing Fili	ng (surcharge	Exam	iner Name	Not yet assigned	ot yet assigned				
37 (CFR 1.16(e) requ	uired)							
As a below named inventor,	I hereby declar	e that:							
My residence, post office addi			•						
I believe I am the original, first names are listed below) of the	st and sole inven	tor (if only one	name is listed below) of	r an original, first an	d joint inventor (if plural				
HAIR-REMOVA	L APPARAT	US FOR PRI	EPARING A HUMA	N TORSO FOR	THE USE OF AN				
HAIR-REMOVAL APPARATUS FOR PREPARING A HUMAN TORSO FOR THE USE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR									
(Title of the Invention)									
the specification of which									
is attached hereto OR									
was filed on (MM/DD/YYYY)	was filed on as United States Application Serial Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disc 1.56.					•				
I hereby claim foreign priority	benefits under 3	5 U.S.C. 119(a)	-(d) or 365(b) of any fo	reign application(s)	for patent or inventor's				
certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any									
1 C1 international apprecation having a fifting date before that of the application on which priority is claimed									
Prior Foreign Application Number(s)		ntry	Foreign Filing Date (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attached?				
			(3,3,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Add Glainica	YES NO				
			*						
Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Serial Number(s) Filing Date (MM/DD/YYYY)									
Application Serial Num	iner(s)	Filing Da	nte (MM/DD/YYYY)	——————————————————————————————————————					
				Additio	Additional provisional application serial numbers are listed on a				
				supplen	supplemental priority data sheet attached hereto.				
				attached					

Declaration and Power of Attorney Atty. Docket No. AED-001 Page 2 of 3

DECLAR	ATION - U	tility or	Design Pa	tent Ap	plication		
I hereby claim the benefit under 35 U. United States of America, listed below States or PCT International applicatio which is material to patentability as d PCT international filing date of this a	v and, insofar as the subje n in the manner provided efined in 37 CFR 1.56 wh	ot matter of each by the first paragi tich became availa	of the claims of this a raph of 35 U.S.C. 11 able between the filin	application is no 2, I acknowledge	t disclosed in the prior United e the duty to disclose information or application and the national or		
U.S. Parent Application o	r PCT Parent		nt Filing Date		Parent Patent Number (if applicable)		
Serial Number	er	(IVIIV	I/DD/YYYY)		(ij appiicavie)		
Additional U.S. or PCT internation							
As a named inventor, I hereby appoin And Trademark Office connected the	rewith: Customer N OR	umber	osecute this applicat	\rightarrow	Place Customer Number Bar Code Label Here		
Name	Registratio Number		Name		Registration Number		
William G. Guerin Michael A. Rodriguez	41,047 41,274						
Additional registered practition.	oners named on supple	mental Register	ed Practitioner Info	ormation sheet	attached hereto.		
Direct all correspondence to:	Patent Administ Guerin & Rodri 5 Mount Royal Marlborough, M Tel. No.: (508)	guez, LLP Avenue 1A 01752 303-2003					

Declaration and Power of Attorney Atty. Docket No. AED-001 Page 3 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Name of Sole or Fire	st Inven	tor:			A petition has t	een filed for	this unsign	ed invent	ог .	
Given	Name (f	irst and middle	if anyl)		1		ly Name or			
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Inventor's Signature		1					7=			1
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Additional invent	ors are b	ding named on	the I sumple	mental A	ditional Invent	or(r) rhant(s)				
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Declaration and Power of Attorney Atty. Docket No. AED-001 Page 3 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

N. 451 514											
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor											
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Ellen BARTIET					Wilson						
Inventor's Signature	Eller Bruiker				7 250/c 3						
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Additional inventor	s are be	ing named on the	l supple	mental Ad	ditional Invento	r(s) sheet(s	attac	hed hereto.			
Name of Additional Jo	int Inv	entor, if any:			☐ A petition	has been fil	led for	this unsigned in	nventor		
Given N	ម្សាច (ព្រ	st and middle [if a	ny])		Family Name or Surname						
Jean											
Inventor's Signature					, i			Date			
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Name of Additional Joint Inventur, if any:							l inventor				
Given Name (first and middle [if any])					Family Name or Surname						
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